TACKLING HEALTH INEQUALITIES

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The UK no longer has one National Health Service but four, under the separate jurisdictions of four national governments. This makes it difficult to generalise about 'the NHS', since there are marked differences in structures and, to a lesser degree, priorities. Nevertheless, the principle of a universally accessible and largely tax-funded range of health services planned and delivered according to need is shared across the UK.

The role of the NHS in all four countries is still predominantly that of a 'sickness service'. Under recent Labour governments there have been unprecedented increases in funding that have seen waiting times tumble and better treatments save more lives. The health of the general population has continued to improve.

There are, however, paradoxes. The increases in funding have not been reflected in improvements in care and outcomes on the same scale. Health on average has improved but health inequality has worsened. We are healthier but not happier.

There are new health risks that threaten to reverse the progress made with tackling smoking and treating circulatory diseases and cancers. Obesity is one example, though the underlying problem is not weight but growing levels of unfitness. Dangerous levels of alcohol consumption is another example, occurring at both ends of the income spectrum. Many of us remain vulnerable to mental ill-health.

The NHS has been successful as a sickness service and, increasingly, in preventing sickness by treating risk factors. General improvements in the standard of living and to housing, the environment, incomes, pensions and children's services have contributed to growing life expectancy. But marked inequalities persist: life expectancy for males in the healthiest local authority area in England is over 83 years but in the least healthy area in Scotland it is barely more than 70. Striking inequalities are evident at a small area level: in Bolton, life expectancy varies from over 82 in the most affluent area to less than 68 in the most deprived.

The NHS can impact on these inequalities by targeting early diagnosis and treatment where it is most needed. Public health workers are advocating going 'industrial scale' with prescribing statins and antihypertensive drugs and expanding smoking cessation services to tackle health inequalities. We also need, though, to go industrial scale with tackling their underlying economic determinants.

1988

The national breast-screening programme is introduced.

1990

The NHS and Community Care Act: the introduction of an internal market, where health authorities manage their own budgets, buying healthcare from hospitals and other providers.

1991

The first 57 NHS trusts are established, providing health services in the community.

1994

The NHS Organ Donor Register is established. By 2005 more than 12 million had registered.

1998

NHS Direct is launched, a nurse-led, 24-hour advice service over the phone.

2000

NHS walk-in centres are introduced, for the treatment of minor injuries and illnesses without appointment.

2002

Primary Care Trusts are set up to improve the administration and delivery of healthcare at a local level, liaising with the private sector when contracting out services.

2004

Patient Choice pilots: everyone referred to hospital treatment is given the choice of at least four hospitals.

2008

The NHS is one of the largest employers in the world with 1.5 million people. In 2007/08 it had a budget of £90 billion.